IVCS Application

Eileen Bernal <Eileen.Bernal@CITYOFLAWRENCE.COM>

Tue 8/15/2023 1:36 PM

To:Susan Fink <SFink@CITYOFLAWRENCE.COM>;Ilialis Reyes <ireyes@CITYOFLAWRENCE.COM>

Cc:bfrozzi@aol.com <bfrozzi@aol.com>

1 attachments (5 MB)

IVCS Application and Supporting Docs.pdf;

Hi Sue and Lily –

Brenda Rozzi asked me to forward you the IVCS application. She believes this is already filed but wanted to make sure that all of their supporting documents are included.

The attached document is attached at her request.

Thank you,
Eileen

Eileen O'Connor Bernal
Lawrence City Clerk
City Clerk's Office
200 Common Street, Room 107
Lawrence, MA 01840

978-620-3232

Eileen.Bernal@CityOfLawrence.com

I Brenda Rozzi, Clerk of International Veterans Care Services (IVCS) 49 Blanchard Street, Lawrence, MA request the amount of $200,000 to go for transportation, food pantry, shelter/housing, and toiletries for our veterans.

Thank you for your time.

RECEIVED CITY CLERK
AUG 15 '23 PM1:29

Brenda Rozzi
Clerk, IVCS
978 590-3715

City of Lawrence – Mayor's Office
REQUEST FOR FUNDING (RFF)
Creating a Thriving Lawrence Program

APPLICANT INFORMATION

1. Agency or Organization: International Veterans Care Services Inc.
2. Address: 49 Blanchard St Suite 207/5
3. Mailing Address (if different)
4. Federal Tax ID Number/Employer Identification Number: 832010453
5. Website Address: IVCS24.org
6. Name and Title of Contact Person: Brenda Rozzi
7. Email Address of Contact Person ivcs.info19@gmail.com
8. Telephone Number of Contact Person: 978-590-3715
9. Organization Telephone Number: 978-609-7239
10. Organization Fax Number:
11. Name and Title of Authorized Signatory (person authorized to sign/execute contracts on behalf of Agency). If multiple persons, list all:

    Brenda Rozzi
12. Email Address(es) of Authorized Signatory(ies) listed above: Ivcs.info19@gmail.com
13. Telephone Number(s) of Authorized Signatory(ies):
14. Name of Proposed Project:
15. Total Funding Request: $ 300,000.00
16. Total Leveraged Funds: $
17. Project Category (see attached for descriptions, eligible applicants, and funding amounts):

X Health and Human Services	☐ Arts and Culture
☐ Parks and Recreation	☐ Neighborhood Safety Initiative
☐ Assistance for Fire Victims	X Veterans
☐ Economic Development	

PROJECT INFORMATION

1. Describe the goal of the proposed project (The proposed solution to the problem/need identified above):
   Help Veteran and families.
2. Describe the community needs to be address by the proposed project:
   Housing, Shelter, food & Transportation for Veterans
3. Describe the proposed project activities to be undertaken to achieve the goals associated with the project category (see attached):

4. Explain how project performance will be measured.

5. Who will be served by the proposed project? (Include specific groups or individuals as well as geographic area primarily benefiting from the activity) Veteran & families

6. How many estimated beneficiaries will be served with the funds?
   100 +

7. Is this an unduplicated count? ☐Yes ☐No
   (Unduplicated means that each client is counted only once, even if services are ongoing services are provided to the client more than once.)

8. Indicate the type of group to be served:
   - ☑ Individuals
   - ☑ Families
   - ☐ Businesses
   - ☑ Households
   - ☐ Housing Units
   - ☐ Census Tracts
   - ☐ Other _____

9. Describe the outcome or impact the activity will have on the population to be served (How will the proposed project improve the quality of life for recipients?). Quality & Quantity lifestyle for Veterans

10. Identify the inputs (e.g. staffing, equipment, supplies and other resources) that will be needed for the proposed activity. Attach job descriptions of the staff to be paid with the funds. All supplies for Veterans no Paid Positions.

11. Describe your agency's compliance with Title VI of the Civil Rights Act. What types of language assistance services, if any, are provided by your agency to Limited English Proficient (LEP) persons?
    English and Spanish.

12. Please briefly describe your agency's background and explain why your agency is well positioned to provide this proposed activity/service. Ivcs has been open for 5 years serving those who served for us.

13. Is this project already underway or ongoing? If so, please describe.
    We have been serving Veteran and families for 5 years and Plan To grow here in the City of lawrence

PROJECT TIMELINE

*Please note project milestones (e.g. launch, end of phase I, etc.).

**Scope of work and project schedule should be attached to this application upon submission

Transportation
food Pantry
Shelter, Housing
Toiletries

BUDGET INFORMATION

Proposed budget for FY24 (July 1, 2023-June 30, 2024) and FY25 (July 1, 2024-June 30, 2025). Funding will be divided into two fiscal years equally.

Requested Project Funding: $300,000.00

Other Project Funding: $ 52,000.00 state

Total Project Funding: $_____

Leveraged Funds for the Proposed Project:

Amount: $_____

Source:_____

Secured: ☐Yes ☐No

Can project proceed without this source? ☐Yes ☐No

Amount: $_____

Source:_____

Secured: ☐Yes ☐No

Can project proceed without this source? ☐Yes ☐No

ITEMIZED BUDGET

**Please list each budget line item to be paid with the funds

**A detailed project budget should be attached to this application upon submission

*** ***Funds will be provided on a reimbursement basis for actual costs expended.*** **You must expend your agency's funds first.** Reimbursements will be made only for costs described in the approved budget that is part of the agreement with the City, following submission of payment requests and supporting documentation along with a narrative of accomplishments (including the number served) during the quarter. Reimbursements will be done on a quarterly basis.

CERTIFICATIONS AND APPLICANT SIGNATURE

By signing below, the applicant certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

By sign below, the applicant certifies under the penalties of perjury that to the best of their knowledge and belief, the organization has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of all employees and contractors, and withholding and remitting child support.

By signing below, the applicant certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with creditors.

This proposal and other materials submitted may be considered public records subject to disclosure under the public records act. Final decision on confidentiality lies with the Public Records Division of the Commonwealth of Massachusetts.

Submitting false or misleading information may result in rejection or ineligibility for financial assistance under this program, and the authorized representative is subject to any and all prosecution that applies.

Successful applicants will be expected to complete all requirements as outline in the operating contract. Failure to complete these requirements will be considered default.

Brenda Rozzi
SIGNATURE

5-18-2023
DATE

June 23, 2023

Mr. Tim Houten

City Attorney

200 Common St.

Lawrence, MA. 01840

Thank you for reaching out to me regarding our application submitted for the Thriving Lawrence grant. As you suggested, I've contacted the State Ethics commission and spoke with the Attorney of the day Ms. Nora Mallam. I explained my position with International Veterans Care Services Inc. as a volunteer and disclosed that the organization is applying for the grant with the City of Lawrence. I made sure to disclose that I currently hold a full time position with the City of Lawrence.

The Attorney advised me that we could be funded as long as I'm not receiving a salary as the CEO, on the board of IVCS while being an employee of the city. Per Attorney Nora Mallam has advised that I have any board members advocate in behalf of IVCS regarding funding before the City Council.

I have been informed that the Ethics Commission has found no grounds for **a conflict of interest**, regarding the matter. As the International Veterans Care Services Inc. operates independently from the City of Lawrence and my current position.

If you have any questions or concerns, please don't hesitate to call me at 978-609-7239.

With Warmest Regards,

Kelly Frazier

Kelly Frazier

Office of the City Attorney
City Hall, Suite 306
200 Common St.
Lawrence, MA 01840

RECEIVED JUN 23 2023

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City laws prohibit employees and public officials of the City of Lawrence from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application, a City employee or consultant, or a member of the City Council? ☐Yes ☐No

If yes, please list the names(s) below:

_____

2. Will the funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a City employee, consultant, or a member of the City Council? ☐Yes ☐No

If yes, please list the name(s) below:

_____

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or another governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?
☐Yes ☐No

If yes, please list the name(s) below:

_____

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: Ives

Name of Applicant's Authorized Official: Donald Frazier JR

Authorized Official's Title: President

Signature of Authorized Official: Don Frazier

Date: _____

CONFLICT OF INTEREST QUI TIONNAIRE

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If yes, please list the names(s) below:

Kelly frazier

2. Will the funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a City employee, consultant, or a member of the City Council? ☐ Yes ☒ No

If yes, please list the name(s) below:

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☐ Yes ☒ No

If yes, please list the name(s) below:

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: IVCS

Name of Applicant's Authorized Official: Kelly frazier

Authorized Official's Title: CEO

Signature of Authorized Official: Kelly frazier

Date: 5-18-23

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If yes, please list the names(s) below:

_____

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_____

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☐Yes ☐No

If yes, please list the name(s) below:

_____

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: Ives

Name of Applicant's Authorized Official: Steven Gill

Authorized Official's Title: Vice President

Signature of Authorized Official: _____

Date: _____

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If yes, please list the names(s) below:

_____

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If yes, please list the name(s) below:

_____

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☐Yes ☐No

If yes, please list the name(s) below:

_____

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: IVCS

Name of Applicant's Authorized Official: Brenda Rizzi

Authorized Official's Title: Clerk

Signature of Authorized Official: Brenda Rizzi

Date: _____

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If yes, please list the names(s) below:

_____

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If yes, please list the name(s) below:

_____

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☐ Yes ☐ No

If yes, please list the name(s) below:

_____

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: FVCS

Name of Applicant's Authorized Official: RICHARD L. RUSSELL

Authorized Official's Title: DIRECTOR

Signature of Authorized Official: Richard L Russell

Date: _____

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If yes, please list the name(s) below:

_____

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☐Yes ☐No

If yes, please list the name(s) below:

_____

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: Ives

Name of Applicant's Authorized Official: Treasurer

Authorized Official's Title: Bruce Comeau

Signature of Authorized Official: _____

Date: _____

Commonwealth of Massachusetts
City of Lawrence

In accord with the Chapter 110, Section 5 of the General Laws of the Commonwealth of Massachusetts, notice is hereby given that the business of:

(Name of Business): International Veterans Care Services Inc

(Business Address) 49 Blanchard st ste #208 , Lawrence MA 01843;

(Business Tel. No.): 978 655-6295; *(E-Mail):* Kfrazier.ives@Gmail.com

is hereby registered in the City of Lawrence, MA by:

NAME(S) OF BUSINESS OWNERS: *(please print first and last name(s)*	HOME ADDRESS(ES) OF OWNERS: *(must be an actual address,city,state & zip code)*
Kelly Frazier	17 General Pulaski DR Salem NH 03079
	978 609 7239

City of Lawrence
Office of the City Clerk
True Copy Attest:
Maria O'Connor Bernal, City Clerk

Signature(s): Kelly @ frazier

[X] NEW *[fee: ~~30.00~~ 40.00];*
[ ] AMEND *[fee: 30.00] [Amending Certificate Recorded in Bk: _____; Pg: _____];*
[ ] WITHDRAW *[fee: 20.00][Withdrawing Certificate Recorded in Bk: _____; Pg: _____];*

Subscribed and sworn to before me at 2:35 *(a.m./p.m.)* on *(date)* Feb 03, 2021

CITY CLERK-CLERK STAFF-NOTARY PUBLIC-JUSTICE OF THE PEACE (please attach jurat)

Received in the Office of the City Clerk on *(date)* Feb 3 2021 at 2:35 *(a.m./p.m.)*

Zoning is approved BUILDING INSPECTOR *(signature)* *(Date)* 2/3/21

ISSUED AND RECORDED: CITY CLERK-ASSISTANT CITY CLERK-CLERK STAFF

THIS CERTIFICATE IS ISSUED PURSUANT TO THE PROVISIONS OF G.L. c. 110, SECS. 5 & 6

DATE ISSUED: Feb 3, 2021 ; EXPIRATION DATE: Feb 3, 2025 *(four years from date issued)*

BOOK: 61 ; PAGE: 111

form: 1-23-15

49 Blanchard St

CITY COUNCIL DOCUMENT #

Tax Collector's Staff Name: Noris Frias

Signature: Noris Frias Date:

Tax Collector's Stamp

TAX COLLECTOR
CITY OF LAWRENCE
POST OFFICE BOX 1376
LAWRENCE 01842

(Taxes Demolition Liens)

Water Department's Staff Name: L Gonzalez

Signature: L Gonzalez Date: 2/3/2021

Water Department's Stamp

LAWRENCE WATER WORKS
200 COMMON ST., RM. 204
LAWRENCE, MA 01840

(Water & Sewer)

Inspectional Services Staff Name: Sigalit Domingues

Signature: Sigalit Domingues Date: 2/3/21

Inspectional Services' Stamp

INSPECTIONAL SERVICES
200 Common Street
Lawrence, MA 01840
(978) 620-3130

(Trash Tickets. etc...)

This sign off list must be attached to all permits or license applications.
All sign off must include department stamps, signatures and dates.
PHOTOCOPIES WILL NOT BE ACCEPTED.

Lawrence City Ordinance 3.08.110- Payments due prior to issuance of licenses or permits.
A. The city shall deny any application for and shall revoke or suspend any license or permit, including renewals and transfers, issued by any board, officer or department for any person, corporation or business enterprise who has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges, or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised on or about real estate whose owner has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges
B. This section shall be administered in accordance with General laws, chapter 40, section 57, as amended from time to time
(Ord. dated 8.2.95 prior code § 25-11)

Lawrence City Ordinance 5.04.080 - Denial, revocation, or suspension of licenses and permits for failure to pay municipal taxes or charges.
... The tax collector shall annually furnish to each department, board, commission or division, hereinafter referred to as the licensing authority, that issues licenses or permits including renewals and transfers, a list of any person, corporation, or business enterprise, hereinafter referred to as the party, that has neglected or refused to pay any local taxes, fees, assessments, betterments or other municipal charges for not less than a 12-month period, and that such party has not filed in good faith a pending application for an abatement of such tax of a pending petition before the appellate tax board
B. The licensing authority may deny, revoke or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the tax collector or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate owned by any party whose name appears on said list furnished to the licensing authority from the tax collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than 14 days after said notice. Said list shall be prima facie evidence for denial, revocation or suspension of said license or permit to any party. The tax collector shall have the right to intervene in any hearing conducted with respect to such license denial, revocation or suspension. Any findings made by the licensing authority with respect to such license denial, revocation or suspension shall be made only for the purposes of such proceeding and shall not be relevant to or introduced in any other proceeding at law, except for any appeal from such license denial, revocation or suspension. Any license or permit denied, suspended or revoked under this section shall not be reissued or renewed until the license authority receives a certificate issued by the tax collector that the party is in good standing with respect to any and all local taxes, fees, assessments, betterments or other municipal charges, payable to the municipality as the date of issuance of said certificate. *Ord. dated 5/3/05)*
Massachusetts General Laws (MGL) Ch 40, Section 57 - For full language of this law visit http://www.malegislature.gov/Laws/Search

revised 07-15-11

CITY COUNCIL DOCUMENT #

CITY OF LAWRENCE
LICENSE APPLICATION

[TAX ASSESSMENT AND VERIFICATION FORM]

CITY ORDINANCE: 3.08.110 AND 5.04.080 & MGL C.40, SEC 57

COMPLIANCE LIST

ALL PAYMENTS REQUIRED BEFORE ISSUANCE OF PERMITS OR LICENSES

(Please print)

Kelly Frazier
Name of Applicant

Applicant's current Address

978 609-7239
Applicant's Telephone No.

City State, Zip

Joseph Lonigro
Property Owner's Name

1146 Essex St
Property Owner's Address

978 305 3281
Owner's Telephone No.

lawrence ma 01841
City State, Zip

DO YOU OWN OTHER PROPERTIES IN THE CITY OF LAWRENCE? ☐ YES ☒ NO

Please list below

List of Applicant's Other Properties (*Must attach Assessor's print out of all applicant's properties*)

Address Map and Lot

Address Map and Lot

Address Map and Lot

☐ More space needed - *See attached list. Attachment must be signed and dated and stamped by City departments*

Kelly Frazier
Applicant's Signature

I declare under the pains and penalties of Perjury that the statements made on this application are true and correct. I also certify that all information herein is true and complete. I understand that any misleading or incorrect statements render this application void and can be grounds for revocation of permit or license. I have not knowingly and willfully made false statements or included false documents in support of this application or permit

Updated 07-15-11

1 ITEM LOGOUT

Navigate to...

VIEW LICENSE

Home / Services / Licensing & Renewals / View License

Make a payment

Upload documents

Leave message

License #: BR21-000106
Status: Expired
Issue Date: 02/03/2021
Expiration Date: 12/31/2021
Balance Due: $0.00
Name: International Veterans Care Services Inc
Address: 49 BLANCHARD ST

License Reviews Documents Inspections

License #:
BR21-000106

License Type:

Business Registration

Sub Type:

Other

Business Information

View additional use group information here (../Documents/325/Use Group 110 Inspection Schedule.pdf)

Is your facility licensed by the Alcohol Beverage Control Commission to serve and consume alcoholic beverages?:

No

Does your facility have fire escapes?:

No

How many people does your business employ?:

0

Manager responsible for Health & Safety:

International Veterans Care Services Inc - Kelly Frazier

Hours of Operation:

MON-FRI 9:00 AM - 5:00 PM

Website:

Do you have surveillance cameras?:

Yes

Do you have a burglar alarm?:

No

Do you have a fire sprinkler system?:

Do you have a fire alarm system?:

I declare under the pains and penalties of perjury that the statements made on this application are true and correct. I also certify that all information herein is true and complete. I understand that any misleading or incorrect statements render this application void and can be grounds for revocation of permit or license. I have not knowingly and willfully made false statements or included false documents in support of this application or permit.

Signature:

signature.png

© 2003 - 2023 ONLINE SOLUTIONS, LLC

citizenserve

Terms of Use (TermsofUse.pdf

Privacy Policy (PrivacyPolicy.pdf

International Veterans Care Services

EIN: 83-2010453 | Lawrence, Massachusetts, United States

Other Names

INTERNATIONAL VETERANS CARE SERVICES INC

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Auto-Revocation List

Organizations whose federal tax exempt status was automatically revoked for not filing a Form 990-series return or notice for three consecutive years.
Important note: Just because an organization appears on this list, it does not mean the organization is currently revoked, as they may have been reinstated.

Exemption Type: 501(c)(3)

Exemption Reinstatement Date: 06-15-2022

Revocation Date: 05-15-2022

Revocation Posting Date: 08-08-2022

Determination Letter

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

Final Letter(s)

- FinalLetter_83-2010453_INTERNATIONALVETERANSCARESERVICES_09302019_01.tif [https://apps.irs.gov/pub/epostcard/dl/FinalLetter_83-2010453_INTERNATIONALVETERANSCARESERVICES_09302019_01.tif]
- FinalLetter_83-2010453_INTERNATIONALVETERANSCARESERVICESINC_12062022_00.pdf [https://apps.irs.gov/pub/epostcard/dl/FinalLetter_83-2010453_INTERNATIONALVETERANSCARESERVICESINC_12062022_00.pdf]

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

Tax Period:
2022 (01/01/2022-12/31/2022)

EIN:
83-2010453

Organization Name (Doing Business as):
INTERNATIONAL VETERANS CARE SERVICES

Mailing Address:
49 Blanchard St
Lawrence, MA 01843
United States

Principal Officer's Name and Address:

Kelly Frazier

17 General Pulaski Dr
Salem, NH 03079
United States

Gross receipts not greater than:
$50,000

Organization has terminated:
No

Website URL:
Ivcs24.org

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:
OCT 16 2019

INTERNATIONAL VETERANS CARE
SERVICES
C/O KELLY FRAZIER
599 CANAL ST 1W STE 20
LAWRENCE, MA 01840-0000

Employer Identification Number:
83-2010453
DLN:
26053675001729
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 13, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

INTERNATIONAL VETERANS CARE

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
12/22/2022
Employer ID number:
83-2010453
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
May 15, 2022
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053742004162

INTERNATIONAL VETERANS CARE SERVICES INC
C/O KELLY FRAZIER
90 BROADWAY
METHUEN, MA 01844

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

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For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Secretary of the Commonwealth of Massachusetts
William Francis Galvin

Business Entity Summary

ID Number: 001387069 [Request certificate] [New search]

Summary for: INTERNATIONAL VETERANS CARE SERVICES INC

The exact name of the Nonprofit Corporation: INTERNATIONAL VETERANS CARE SERVICES INC	
Entity type: Nonprofit Corporation	
Identification Number: 001387069	
Date of Organization in Massachusetts: 06-13-2019	**Date of Revival:**
	Last date certain:
Current Fiscal Month/Day: 06/30	**Previous Fiscal Month/Day:** 01/31

The location of the Principal Office in Massachusetts:

Address: 90 BROADWAY

City or town, State, Zip code, Country: METHUEN, MA 01844 USA

The name and address of the Resident Agent:

Name: KELLY FRAZIER

Address: 49 BLANCHARD ST SUITE 208

City or town, State, Zip code, Country: SOUTH LAWRENCE, MA 01843 USA

The Officers and Directors of the Corporation:

Title	Individual Name	Address	Term expires
PRESIDENT	DONALD RAY FRAZIER JR.	17 GENERAL PULASKI DR SALEM, NH 03079 USA	TBD
TREASURER	BRUCE D COMEAU	59 ADAMS AVE METHUEN, MA 01844 USA	TBD
CEO	KELLY A FRAZIER	17 GENERAL PULASKI DR. SALEM, NH 03079 USA	TBD
CEO	KELLY A FRAZIER	17 GENERAL PULASKI DR. SALEM, NH 03079 USA	TBD
VICE PRESIDENT	STEVEN H GIL	8 BOYD ST. LAWRENCE, MA 01843 USA	TBD
CLERK	BRENDA ROZZI	127 CHESTER ST S LAWRENCE, MA 01843 USA	TBD

DIRECTOR	RICHARL _ RUSSELL	34 CROSS ST LAWR .CE, MA 01841 USA	TBD

☐ **Consent** ☐ **Confidential Data** ☐ **Merger Allowed** ☐ **Manufacturing**

View filings for this business entity:

ALL FILINGS
Annual Report
Application For Revival
Articles of Amendment
Articles of Consolidation - Foreign and Domestic
Articles of Consolidation - Domestic and Domestic

View filings

Comments or notes associated with this business entity:

New search